

FILED JUN 8 1944

State File No.

Registration District No. 780

Primary Registration District No. 3018

Registrar's No.

36

1. PLACE OF DEATH:

(a) County DENT
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O.O.A. OLD FOLKS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution SINCE MARCH 2
(Specify whether
In this community 1944
years, months or days)

3. (a) PRINT

FULL NAME WILLIAM BEADLE

3. (b) If veteran,

name war —

3. (c) Social Security

No. —4. Sex MALE

5. Color or

face WHITE

6. (a) Single, widowed, married,

divorced 0

6. (b) Name of husband or wife

EMMA STITES

6. (c) Age of husband or wife if

alive — years

7. Birth date of deceased

OCT
(Month)12
(Day)1861
(Year)

8. AGE:

Years

Months

Days

If less than one day

82714

hr. min.

9. Birthplace

LENEX CO

(City, town, or county)

MICHIGAN

(State or foreign country)

10. Usual occupation

TRAIL ROAD

11. Industry or business

MOTHER FATHER

12. Name

UNKNOWN

13. Birthplace

UNKNOWN

(City, town, or county)

(State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN

(City, town, or county)

(State or foreign country)

16. (a) Informant

SOCIAL SECURITY OFFICE

(b) Address

IRON TON MISSOURI17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

5-29-44

(Month) (Day) (Year)

(c) Place: burial or cremation

COUNTY FARM IRON CO.

18. (a) Signature of funeral director

Dr. P. L. Lusk

(b) Address

Denton Mo.19. (a) 5-29-44

(Date received local registrar)

(b)

James M. Lusk

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 47
(c) City or town IRON TON
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26
year 44 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from

5-24

19

44

to

5-26

19

44

that I last saw him alive on 5-25
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial degeneration
Sentinel

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Charles R. Lusk
Salem

(M. D. or other)

Date signed 5-26-44

RECEIVED
District Health Officer No. 3
District File Number. 644327
Date Filed 6-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

5-16-44, Registered Apprentice No.
working under my personal supervision.

Signed Geo. D. Lumbel

Licensed Embalmer No. 3475

P. O. Address Denton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.